



Clinical Privileges for Medical Assistants

Name: _____

Please Print Your Name and Credentials

CLINICAL PRIVILEGES REQUESTED

These clinical privileges are at the discretion of the PCMO. The Director of Management and Operations/Country Director are responsible for administrative (non-clinical) supervision, with clinical oversight by the PCMO.

- ☐ **Core Clinical Privileges** – Privileges to perform duties for conditions that fall within the typical scope of a Medical Assistant (MA).
- ☐ **Additional Clinical Privileges** – Privileges to perform duties for conditions that fall outside of the typical scope of a MA, as specified in the Additional Clinical Privileges section (page 2).

QUALIFICATIONS FOR CLINICAL PRIVILEGES

To be eligible for core clinical privileges, the applicant must meet the following qualifications:

- Successful completion of a nursing school, medical school, or medical assistant program and valid clinical licensure/diploma, or
- Applicable knowledge and experience obtained through on-the-job-training or under the direct guidance of a provider (supporting documentation must be submitted).

CLINICAL CORE PRIVILEGES

Clinical privileges that fall within the typical scope of MA	*These privileges will be granted pending demonstration of competency under the direct order and approval of the PCMO
<ul style="list-style-type: none">• Initiate life support when necessary (BLS)• Assist with maintaining an adult immunization program• Assist in the filing and management of current, complete clinical records• Adhere to Peace Corps Medical Technical Guidelines• Accompany PCVs/Ts to medical appointments• Assist in providing health education to Trainees/Volunteers• Measure height, weight, vital signs, and record chief complaints• Serve as a chaperone	<ul style="list-style-type: none">* Peripheral venipuncture* Gross vision check with Snellen Eye chart* PPD test placement* Stool for occult blood testing* Urine dipstick testing* Thick and thin malaria smear preparation* Office testing of HIV, strep, mono, pregnancy using commercial kits* Pulse oximeter and peak flow meter readings* ECG lead placement* Glucose testing (fingerstick)* Administer vaccines* Assist in office procedures

ADDITIONAL CLINICAL PRIVILEGES REQUESTED

To be eligible for a clinical privilege listed below, the applicant must demonstrate and/or document competence in performing the requested procedure(s).

Requested	PROCEDURE	ADDITIONAL SUPPORTING DOCUMENTATION (if applicable)	# of cases performed in past 2 yrs **
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			

**** On a separate sheet of paper, please describe any major, unexpected complications you have encountered for any of the Core Privileges or Additional Privileges you are requesting.**

ACKNOWLEDGEMENT OF PRACTITIONER

I have requested only those clinical privileges for which, by education, training, current experience, and demonstrated performance, I am qualified to function as a Medical Assistant.

I understand that in conducting any clinical privileges granted, I am constrained by the Peace Corps Office of Volunteer Support policies and rules.

Applicant Signature: _____
Please Sign Your Name

Date: _____

PCMO Signature: _____
Please Sign Your Name

Date: _____

CLINICAL SERVICE RECOMMENDATION

Core Clinical Privileges

- ☐ Denied
☐ Recommend
☐ Recommend with the following modification(s) and reason(s): _____

Additional Clinical Privileges

- ☐ Denied
☐ Recommend
☐ Recommend with the following modification(s) and reason(s): _____

I have reviewed the requested clinical privileges and supporting documentation for the above named medical assistant and recommend action on the privileges as noted above:

Signature
Chair, Credentialing Committee

Date